

LAW OFFICES OF JAMES E. MISCAVAGE

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Attorney
James E. Miscavage

DOMESTIC RELATIONS INFORMATION SHEET

A. CLIENT

Name _____ Date of Birth _____
Mailing Address _____ Date Moved to
This Address _____

Email Address _____ / Is email secure? () Yes () No
Phone (Home) _____ (Work) _____ (Cell) _____
Residence County _____
Employer's Name _____ Starting Date _____
Employer's Address _____
Occupation _____ Social Security No. _____
Name of Close Relative or Friend for emergency contact: _____
Name and Address _____
Phone No. _____ Relationship _____

B. SPOUSE / X-SPOUSE / PARENT OF CHILD

Name _____ Date of Birth _____
Mailing Address _____ Date Moved to
This Address _____

Birthplace _____
Phone (Home) _____ (Work) _____ (Cell) _____
Residence County _____
Employer's Name _____ Starting Date _____
Employer's Address _____
Occupation _____ Social Security No. _____
Opposing Party's Attorney's Name _____

Is your spouse in the military? () Yes () No

Are you in the military? () Yes () No

C. DESCRIPTION OF OPPOSING PARTY:

Ethnic Group_____

Height_____ Weight_____ Hair Color_____ Eye Color_____

D. MARRIAGE (if applicable)

Date of Marriage_____

No. of Marriage: For Wife_____ For Husband_____

Marriage City, County and State_____

Wife's Maiden Name_____

E. DATE OF SEPARATION

Who first brought up the desire to divorce? _____ When did this occur? _____

When did you stop living together as husband and wife? _____

F. NAMES OF LIVING CHILDREN OF THIS MARRIAGE (Please include step and adopted children)

NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	RESIDING WITH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. DO YOU HAVE CHILDREN FROM A PREVIOUS MARRIAGE? () Yes () No

Is Wife Presently Pregnant? () Yes () No

H. WHERE AND WITH WHOM HAS EACH CHILD LIVED FOR THE PAST FIVE YEARS?

WHERE	FROM - TO	WITH WHOM
_____	_____	_____
_____	_____	_____
_____	_____	_____

I. PROPERTY

Do you have a Will? () Yes () No

Who is the beneficiary? _____

Do you have insurance policies? () Yes () No

Who is the beneficiary? _____

Do you or your spouse own real estate? () Yes () No

If so, list address: _____

Do you or your spouse have a pension? () Yes () No

Please bring the following to the consultation:

1. Last year's tax return
2. Pay stubs for husband and wife
3. Deeds
4. Titles to vehicles/vehicle loans
5. Copies of all debts, bills, mortgages
6. Pension 401(k), IRA, Brokerage account statements

How did you find the attorney?

_____ Referred by _____

_____ Verizon Yellow Pages

_____ Yellow Book

_____ Local Verizon Yellow Phone Book

_____ Live in Neighborhood/Saw Sign

_____ Internet